

Health Benefit Exchange:  
Outreach, Education and Enrollment  
**Nevada Department of Health and  
Human Services**

*March 1, 2011*



**PUBLIC  
CONSULTING  
GROUP**

**Public Focus. Proven Results.™**

# Agenda

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- Introductions
- Purpose of the Public Forums
- Overview of the Health Benefit Exchange
  - Who is Eligible for Coverage
  - What Type of Health Plans Will be Available
- Outreach, Education and Enrollment
  - Navigators – What are They
  - Brokers – Their Role in an Exchange
- Key Decisions for Nevada
- Open Discussion
- Wrap-Up and Next Steps

# Purpose of the Public Forums

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- Gather input from the public on key issues pertaining to the establishment of a Health Benefit Exchange.
- Provide information to the public on the State's approach to planning, designing and developing an Exchange for Nevada.
- Today's focus is on outreach, education and enrollment.
- Your input and insight will help frame the discussion and inform the decisions going forward.

# Health Benefit Exchange | What is it?

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- “Expedia” for health insurance:
  - Organized commercial health insurance marketplace for individuals and small employers
    - Up to 50 employees in 2014, expanding to 100 employees in 2016)
  - Enables consumers to review benefits, compare plans, and enroll in coverage
- One-stop shop for publicly subsidized health coverage:
  - Medicaid
  - Nevada Check Up (CHIP)
  - New subsidies for commercial insurance
- Source of information on carriers and plan performance

# Health Benefit Exchange |

## Who is eligible for coverage?

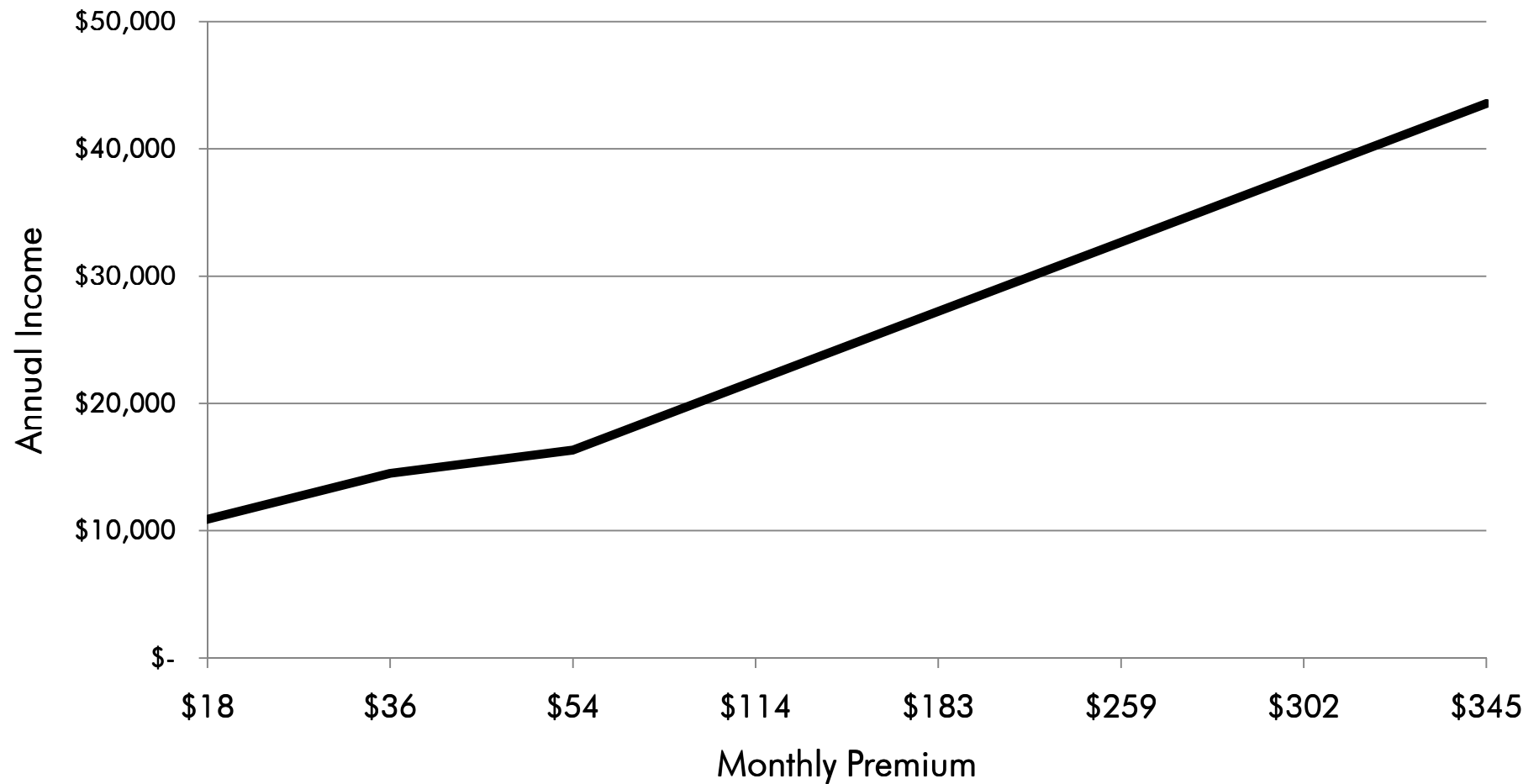
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Individual (non-group) coverage:

- Legal US resident (and resident of Nevada)
- Not eligible for Medicaid or Medicare
- Not offered employer-sponsored insurance that is:
  - (1) Affordable (i.e., does not exceed 9.5% of person's income), and
  - (2) meets minimum actuarial value standard of 60%
- Subsidies available to individuals and families with income up to 400% of the federal poverty level (FPL)
  - ~\$43,500 for single person
  - ~\$88,200 for family of four

# Exchange | Individual Subsidy Amounts

Monthly Premium Based on Annual Income



# Health Benefit Exchange |

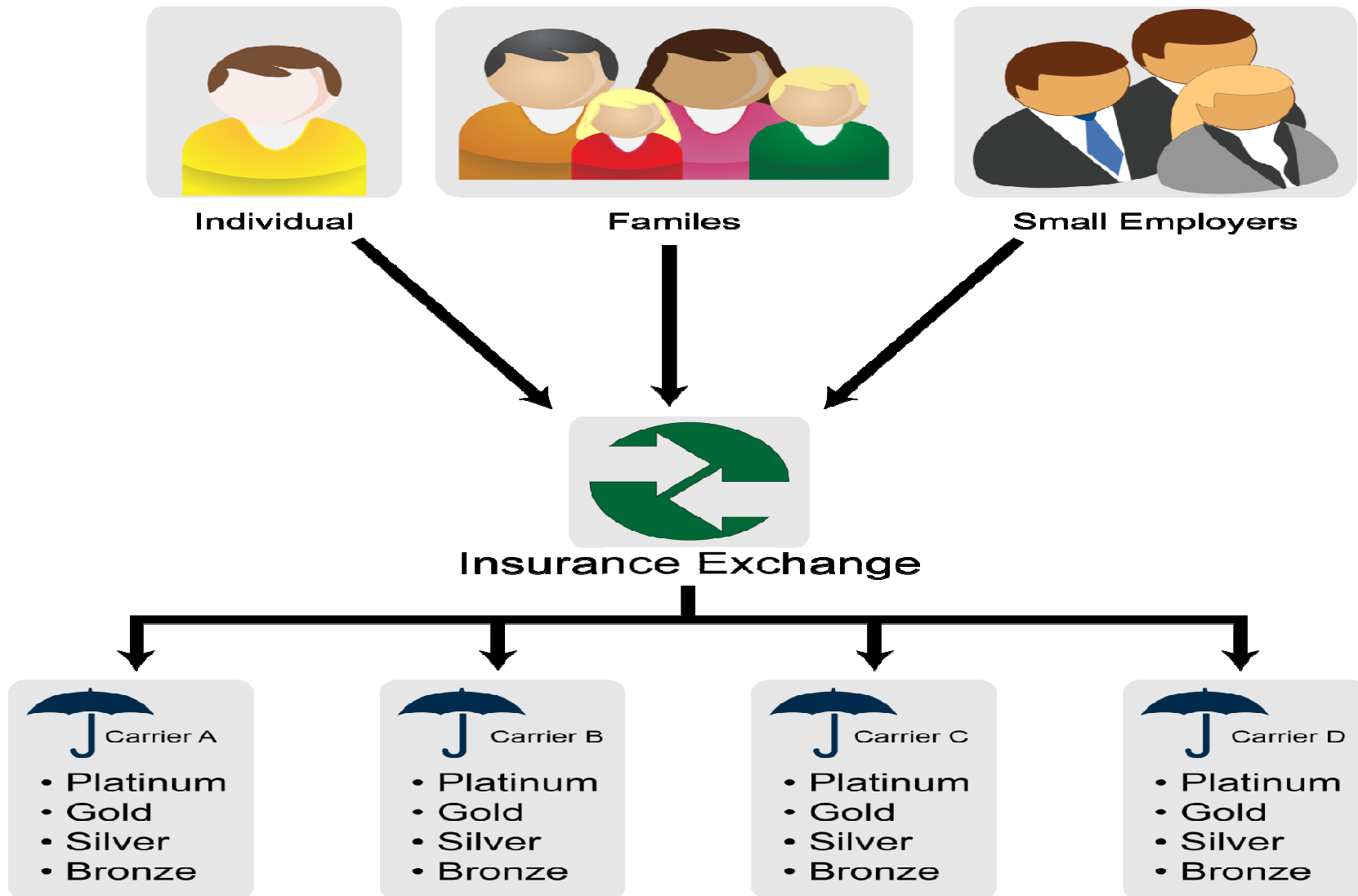
## Who is eligible for coverage?

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### Group coverage:

- Employers with up to 50 full-time employees (FTEs) in 2014
  - State option to expand to 100 FTEs prior to 2016
  - State required to expand to 100 FTEs in 2016
- State option to expand Exchange eligibility to larger groups in 2017.
- Premium subsidies available to small employers with low-wage workers:
  - 25 or fewer employees
  - Firm's average wages = \$50,000 or less
  - Tax credits -- for two years -- worth up to 50% of employer's cost

# Exchange | A Structured Marketplace





# Exchange | What Type of Health Plans

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- “Qualified health plans” in five categories or benefit tiers:
  - Platinum (90%)
  - Gold (80%)
  - Silver (70%)
  - Bronze (60%)
  - High Deductible Health Plan
- Coverage across these tiers will have increasing amounts of member cost sharing (e.g., co-pays, co-insurance, deductibles).

# Exchange | What Type of Health Plans

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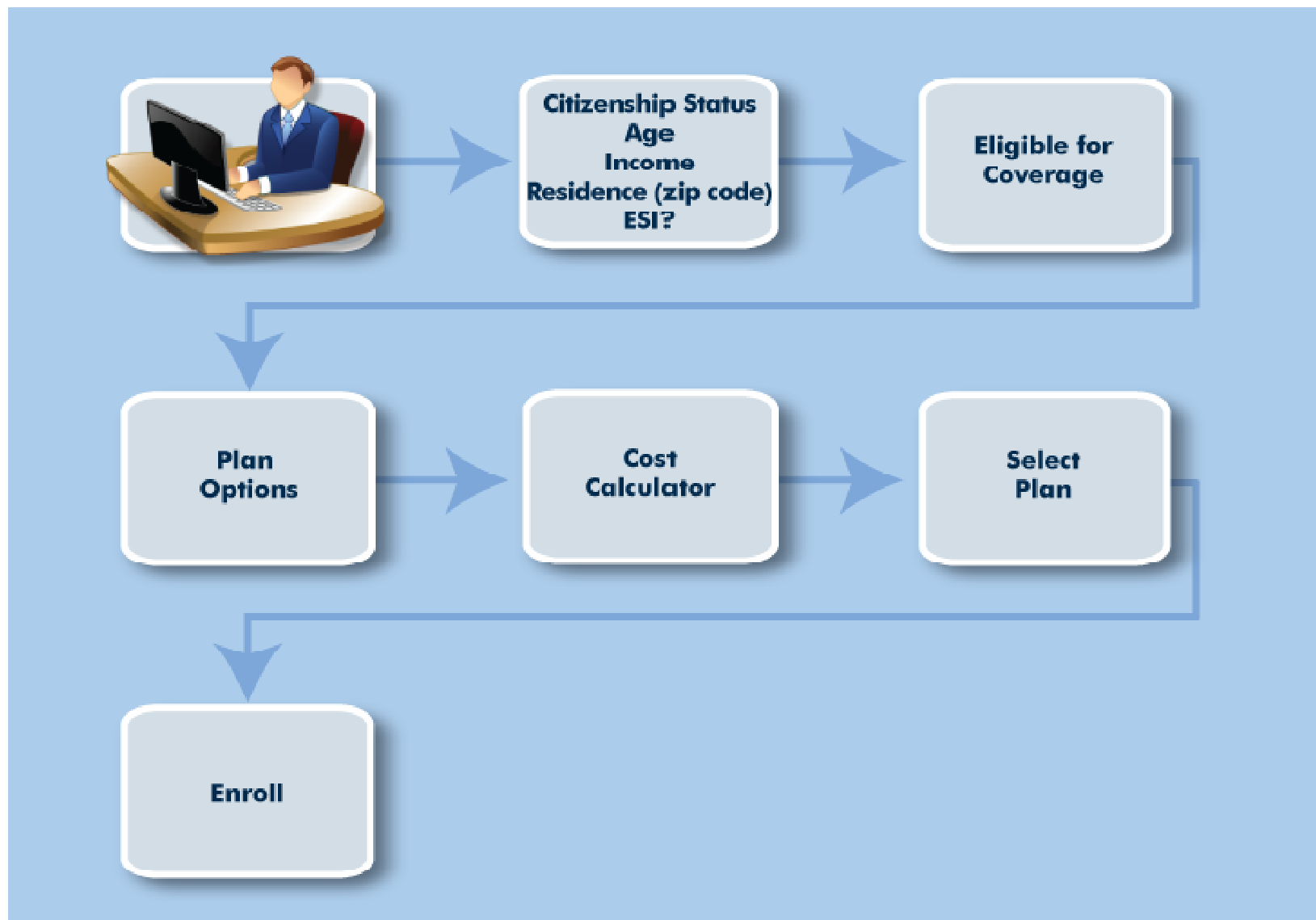
- All health plans must offer “minimum essential benefits” :
  - Ambulatory services
  - Emergency services
  - Hospitalization
  - Maternity and newborn care
  - Mental health and substance use disorder services, including behavioral health treatment
  - Prescription drugs
  - Rehabilitative and habilitative services and devices
  - Laboratory services
  - Preventive and wellness services and chronic disease management
  - Pediatric services, including oral and vision care

# Exchange | What Type of Health Plans

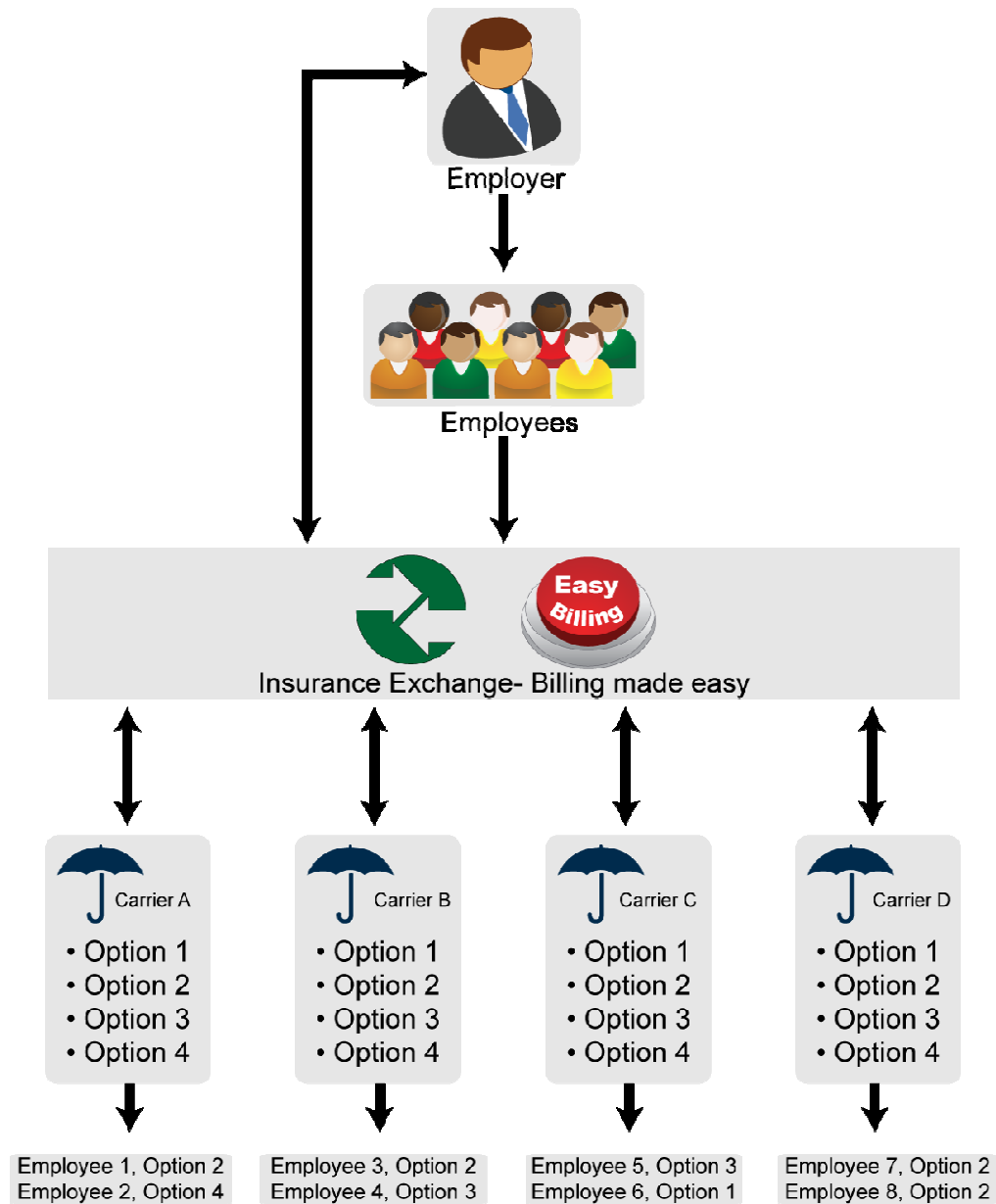
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- U.S. Secretary of Health and Human Services is responsible for defining essential health benefits.
- Exchange will have flexibility -- within each coverage tier -- to determine the types of plans offered and the level of benefits (e.g., co-payments, co-insurance, deductibles).
- Extent to which benefits are standardized within each tier will need to be balanced against market flexibility and creativity.
- Wider variation in health plan options will require more sophisticated outreach, education, and enrollment

# Exchange | Individual Shopping Experience



# Exchange | Small Employer Options



## Exchange | What will Navigators do

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- Conduct public education activities to raise awareness of the availability of qualified health plans through the Connector;
- Distribute information on enrollment and the availability of premium subsidies and cost sharing reductions;
- Facilitate enrollment in qualified health plans;
- Refer people to the appropriate agency if they have questions, complaints, or grievances; and
- Provide information in a culturally and linguistically appropriate manner.

# Exchange | Who are Navigators

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- Entities that have established, or can readily establish, relationships with employers, employees, consumers, and/or self-employed individuals, including, but limited to:
  - Trade, industry, unions and professional associations;
  - Chambers of commerce;
  - Community-based non-profits; and
  - Faith-based organizations.
- Navigators are prohibited, by law, from receiving “direct or indirect payments” in connection with the enrollment of an individual or an employee in a health plan.

# Exchange | The Role for Brokers

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- Health care reform law calls out brokers and agents to assist individuals and small employers enroll in qualified health plans.
- U.S. Secretary of Health and Human Services is responsible for establishing procedures and guidelines pertaining to agents and brokers in the Exchange.
- Given the prohibition on Navigators of “direct or indirect” payment for enrollment in a health plan, may be difficult to envision brokers as Navigators.



# Exchange | Key Decisions for Nevada

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- How should the health plans be structured within the five benefit tiers?
  - Establish standardized plan designs for each tier
  - Allow carriers full discretion, so long as each plan meets the requisite actuarial value
  - Promote market flexibility by allowing plans to offer alternative plans alongside standardized plans
- How can the Exchange effectively reach the uninsured?
- How can Navigators help with outreach and education?

# Exchange | Key Decisions for Nevada

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- Who can/should serve as Navigators?
  - Community based organizations, Chambers of Commerce, hospitals, FQHCs
  - Should there be a licensing requirement for Navigators
- How will brokers work through the Exchange?
- What will be the responsibilities of the insurance carriers?
- What type of information will people need to make informed decisions?
- Will the outreach, education and enrollment needs of individuals differ from the needs of employers and employees?

# Exchange | Next Steps

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- Upcoming public forums focused on:
  - The Exchange and the commercial market
  - The small business Exchange
  - How the Exchange aligns with Medicaid/CHIP programs
- Legislation establishing Silver State Health Insurance Exchange to be filed within the month
- Develop strategic plan and roadmap to establish an Exchange